

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	10/646,458
Filing Date	08/22/2003
First Named Inventor	Kenneth COLLINS, et al.
Examiner Name	Maureen Arancibia
Art Unit	1763
Attorney Docket No.	6915/USA/P01/IMPLANT/P31/AG

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0338 Deposit Account Name: Michaelson & Wallace

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement under 37 CFR 1.97(c)

\$180.00

SUBMITTED BY

Signature	<u>Robert M. Wallace</u>	Registration No. (Attorney/Agent) 29,119	Telephone 805/644-4035
Name (Print/Type)	Robert M. Wallace	Date	<u>7/27/06</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number	10/646,458
Filing Date	08/22/2003
First Named Inventor	Kenneth COLLINS, et al.
Art Unit	1763
Examiner Name	Maureen Arancibia
Attorney Docket Number	6915/USA/P01/IMPLANT/P3I/AG

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Robert M. Wallace		
Signature			
Printed name	Robert M. Wallace		
Date	7/27/06	Reg. No.	29,119

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Shelly Hart	Date	July 27, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby certify that this paper and every
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PATENT

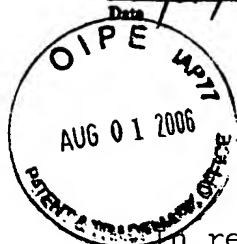
on July 27, 2006 (Date of Deposit)

Date July 27, 2006 Name [Signature]

Atty. Docket No.: 006915/USA/P01/IMPLANT/P3I/AG

RW Ref. No.: APM/001-02-CP1-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of:

Kenneth COLLINS, et al.

Entitled: PLASMA IMMERSION ION
IMPLANTATION APPARATUS INCLUDING A
PLASMA SOURCE HAVING LOW DISSOCIATION
AND LOW MINIMUM PLASMA VOLTAGE

) Group Art Unit: 1763

) Examiner: Maureen G.
Arancibia

Serial No.: 10/646,458

Filing Date: August 22, 2003

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(c)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with 37 CFR 1.56, the references listed below and on the attached form PTO-1449 are being brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. A copy of each foreign patent document and/or non-patent literature is enclosed.

This information is being submitted subsequent to the later of three months after the filing date of the present application or the mailing of the first Office Action on the merits, but before the mailing of a final action or the notice of allowance. Please see the attached USPTO Fee Transmittal for fee payment.

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08/02/2006 ZJUHRI 00000020 500338
01 FC:1806 180.00 DA

It is respectfully requested that the Examiner indicate consideration of the cited references by returning a copy of the attached form PTO-1449 with initials or other appropriate marks.

Respectfully submitted,



Dated: 7/27/03

Robert M. Wallace
Reg. No. 29,119
Attorney for Applicants
Customer No. 000044843

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Application Number: 10/646,458
Filing Date: 08/22/2003
First Named Inventor: Kenneth Collins, et al.
Group Art Unit: 1763
Examiner Name: Maureen Arancibia
Attorney Docket Number: 006915/USA/P01/IMPLANT/P31/AG

[illegible]

Examiner Initials	Foreign Patent Document	Publication Date	Country	Name of Patentee or Applicant of Cited Document	Translation? (Yes/No/n/a)
	JP 62290885 A	17.12.1987	JAPAN	HASEGAWA, KATSUHIRO	YES

Examiner Initials	NON PATENT LITERATURE DOCUMENTS

Date Considered:

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.